

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Central Oregon Community College

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 2600 NW College Way, Bend, OR 97701

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jeffrey A. Pederson

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
Central Oregon Community College, 2600 NW College Way, Bend, OR 97701

Telephone Number of Designated Agent: 541-383-7783

Facsimile Number of Designated Agent: 541-383-7535

Email Address of Designated Agent: jpederson@cocc.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 12/20/2004

Typed or Printed Name and Title: Jeffrey A. Pederson - Systems Administrator

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

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SCANNED 2/23/05

RECEIVED

FEB 14 2005

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